Exhibit A

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

IN RE: BARD IVC FILTERS) Case No.
PRODUCTS LIABILITY LITIGATION) MD-15-02641-PHX-DGC

DO NOT DISCLOSE

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

VIDEOTAPED DEPOSITION OF ANTHONY JAMES AVINO, M.D.

March 23, 2017

Savannah, Georgia

4:06 p.m.

Reported by: Karen Kidwell, RMR, CRR

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honestly.

Q. And certainly, it was your expectation that when Bard introduced a new filter model, it would perform as well or better than the prior ones?

A. Yes.

Q. And that's why you're adopting the newest, latest model. Right?

A. Right.

Q. If Bard found that there were problems with the design of one of its filters and was working on a redesign of the filter, you would want to know about that, right?

A. If there was -- if the current design that we were implanting was dangerous, then we would certainly want to know about it.

Q. And what is -- for all -- globally, to all the medical devices you use, what is the instructions for use, or IFU?

A. The IFU is what's printed on all devices, in terms of what the indications are, with the approval from the FDA, is my understanding of it. It's what the approved -- basically, it's the approved indications, and it's not -- but that's different than what we consider the standard of care. A lot of things are not -- a lot of things are used

out of an IFU, cautiously, and just have become standard of care.

There's lots of examples of things we still use appropriately that might not be in the IFU. But, in general, we certainly consider the IFU, and -- because that's what the research was done on for certain devices, and that's what the FDA is recommending, and that's what the company -- and typically, that's very strongly what the company recommends.

Q. And do you read the IFU?

A. Sometimes. I mean, I have read them. I don't -- certainly don't read them on every package, because they're the same from the same device, but -- you know, not -- not all the time, but it does come up, for example, at meetings, or you're reading about and someone's discussing an issue with an IFU. You know, if something is within the IFU or not, to help define things that might be outside of the IFU but still medically indicated.

Q. Do you know if you ever read the IFU for the Eclipse IVC filter?

A. Not that I recall.

Q. Okay. And IFUs have warnings on them of side effects, complications, things like that, also?

A. Yes.

Q. And even if you haven't read the Eclipse IFU, you're probably generally familiar with IVC filter IFUs, if they warn of things like fractures, migration, perforation, tilt; complications like that. Right?

A. Yes. Yes.

Q. But is it your understanding these complications are rare, for IVC filters?

A. Well, depends how you define "rare." I mean, back -- originally, when we were implanting filters 15, 20 years ago, everyone thought they were rare.

Now people think they're -- reached a peak, and reached a peak in frequency, and then we think that now they're -- they're less frequent than they were before. So it's been a migrating target in terms of what the risks are or what our understanding of the risks are.

Q. If you can recall your mindset in August 2010, when you implanted the Eclipse in Doris Jones, what was your understanding of the rarity of complications from IVC filters then?

A. I don't have independent recollection of placing that particular filter, but the best I can

based on one study, and then there's retrospective studies; there's the meta-analyses of combining multiple studies.

So there is -- there just is no one answer, you know, to tell you that there was any specific number. But I don't have a specific number in my mind. But certainly not back years ago.

Q. Right. Do you -- do you have any, like, ballpark in your head of what would be an acceptable rate of fractures for an IVC filter?

A. No. I mean, obviously we want it to be very low. Our initial understanding was that the fracture rate was very low, in the 5 percent range; and then at some point, you know, maybe in the last four years or so, is when we learned that they were higher than that. Or maybe six years, or three, or ...

Q. Let's see here. Get stuff together here.

(Exhibit 4019 was marked for identification.)

BY MR. COMBS:

Q. And you know what, we'll make it easy -- we can use that one. That's fine.

MR. STOLLER: It's been previously marked. You can use the same number, but that's okay.

MR. COMBS: Are we using the same number?

chain between David Ciavarella and some other Bard people. And I will -- I don't know if it says it in this chain or not; I think -- it doesn't look like it does, but I'll represent to you that David Ciavarella was the medical director for Bard at this time period, in December 2005.

And at the bottom of the first page, he states: "The G2 is a permanent filter; we also have one (the SNF) that has virtually no complaints associated with it. Why shouldn't doctors be using that one rather than the G2?"

And my question is: Is that information that would have been important to you, to know that the medical director for Bard in 2005 was questioning why Bard was pushing the G2 as a permanent filter when they already had the SNF one?

MS. DALY: Object to the form. Lack of foundation.

THE WITNESS: You know, again, all information is helpful, if there's -- if it is information regarding concern about one filter being better than the other.

BY MR. COMBS:

Q. And certainly, Doris could have received an SNF or another permanent filter instead of an

Eclipse or other retrievable filter. True?

A. Well, not necessarily. Like I said in the op note at the beginning, we still wanted -- there was a -- there was a -- there was a reason I mentioned for putting the retrievable filter in, just to have the option to then take it out. So they're not completely equivalent.

Q. Right. But the option for retrievability is balanced against the risk of using a retrievable versus a permanent filter; right?

MS. DALY: Object to the form.

THE WITNESS: Right. There's the risk of using the retrievable one when we know that the Simon Nitinol was a good filter, and then there's the risks of putting the Simon Nitinol in, but you can't ever take it out.

BY MR. COMBS:

Q. Right. And knowing that the medical director of Bard, as far back as 2005, was questioning why people weren't using the Simon Nitinol filter more, that would be important information to that calculation?

MS. DALY: Object to the form. Lack of foundation.

THE WITNESS: It's all additional pieces